



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**NOTIFICATION OF INTENT TO SELL ASSETS**

OFFICE OF ENDOWED CARE CEMETERIES  
P.O. BOX 1335  
JEFFERSON CITY, MO 65102  
TELEPHONE (573) 751-0849  
FAX (573) 751-0890  
TTY (800) 735-2966  
<https://pr.mo.gov/endowedcare.asp>  
[endocare@pr.mo.gov](mailto:endocare@pr.mo.gov)

1. CEMETERY NAME (AS LICENSED WITH THE OFFICE OF ENDOWED CARE CEMETERIES)		2. LICENSE NUMBER	
3. CEMETERY OWNER/OPERATOR	4. EMAIL	5. TELEPHONE NUMBER	
6. CEMETERY PHYSICAL ADDRESS	CITY	STATE	ZIP
7. THE ABOVE NAMED SELLER HEREBY INFORMS THE <b>OFFICE OF ENDOWED CARE CEMETERIES</b> OF ITS INTENT TO SELL ITS BUSINESS ASSETS OR TERMINATE ITS BUSINESS (NOTE: THIS FORM MUST BE SUBMITTED AT LEAST <b>30 DAYS</b> PRIOR TO SELLING OR OTHERWISE DISPOSING OF ITS BUSINESS ASSETS). PURSUANT TO § 214.367, RSMO, YOU ARE REQUESTED TO PROVIDE A LISTING OF ALL ACTIVE PRENEED CONTRACTS AND A COMPLETED PRE-NEED TRUST REPORT.			
8. ANTICIPATED DATE OF TRANSFER/CLOSE OF SALE/TERMINATION OF BUSINESS		9. DATE OF THIS REPORT	

**SECTION A: PURCHASER/TRANSFeree INFORMATION**

NAME OF PURCHASER	
ADDRESS	TELEPHONE NUMBER
EMAIL ADDRESS	
Detail the plans made to assure that trust funds (including endowed care trust fund, prearranged contract trust funds, merchandise funds and/or any escrow accounts) will be set aside and used as required. Also, attach a list of all active prearranged cemetery contracts detailing the contract number, the contract purchaser/beneficiary, the amount paid on the contract and the name of the financial institution holding the funds).	

**SECTION B: Number of Final Dispositions since your last renewal:** \_\_\_\_\_ **X \$1.00 = \$** \_\_\_\_\_ Please submit this amount with this form.

**SECTION C. ANNUAL TRUST FUND**

**Face value of all contracts for burial merchandise and services \$** \_\_\_\_\_

SIGNATURE	DATE
PLEASE PRINT NAME AND TITLE	DATE

**SECTION D: AFFIDAVIT**

I, \_\_\_\_\_, do hereby state the foregoing application has been completed on behalf of the affiant truthfully and completely, without omission, and that all answers, statements, designations and consents are true and accurate to the best of my knowledge and belief. I, the undersigned, have personally reviewed the information contained herein and hereby submit this Notification of Intent to Sell Assets to the Office of Endowed Care Cemeteries on behalf of the above-named affiant. I affirm that I made this affidavit knowingly, and understand that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

SIGNATURE AND TITLE	DATE
PLEASE PRINT NAME AND TITLE	DATE

Have you or an immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No  
If yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

**OFFICE USE ONLY**

LICENSE NUMBER	PRE-LICENSE NUMBER	DATE ISSUED
FEE REC	DATE DEPOSITED	CHECK NUMBER
		INITIALS